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2004 D-40ES SUB Estimated  
Payment for Individual Income  
or Fiduciary Tax

\*040400610000\*

FOR OFFICIAL USE ONLY:

X Mark if this is your first return or if your address is different than your last return

Mark if for:  Individual Income Tax Return (D-40, D-40EZ)  Fiduciary Income Tax Return (D-41)

Quarterly Payment \$ NNNNNNNNN. OO (DOLLARS ONLY)

Individual - your Social Security Number  
NNN-NN-NNNN

Individual - spouse's Social Security Number  
NNN-NN-NNNN

Fiduciary - Federal Employer ID Number  
NN-NNNNNN

Individuals - your First name  
AAAAAAAAAAAAAA

M.I. Last name  
A AAAAAAAAAAAAAAA

Individuals - your spouse's First name  
AAAAAAAAAAAAAA

M.I. Last name  
A AAAAAAAAAAAAAAA

Address(number and street)

AAAAAAAAAAAAAA  
AAAAAAAAAAAAAA

Apartment number

AAAA

City  
AAAAAAAAAAAAAA

State  
AA Zipcode  
NNNNN-NNNN

Voucher Number: N Due Date: MM/DD/YY

Make check or money order payable to the DC Treasurer. Include your Social Security Number (SSN)  
or Federal Employer ID Number (FEIN), "D-40ES" and tax period on your payment.

Mail return and payment to: DC Office of Tax and Revenue, Estimated Individual Income Tax, PO Box 96018, Washington, DC 20090-6018.

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Government of the District of Columbia 2003 D-40N SUB Change of Name or Address

7  
Old information

Your first name M.I. Last name  
**AAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAA**  
Spouse's first name if joint payment M.I. Last name  
**AAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAA**  
Your social security number Spouse's social security number Daytime phone number  
**999-99-9999 999-99-9999 999-999-9999**  
Home address (number and street) If foreign address use Schedule S. Apartment number  
**99999AAAAAAAAAAAAAAA 99AAA**  
City State Zipcode  
**AAAAAAAAAAAAAAA AA 99999-9999**

20 New information

Your first name M.I. Last name  
**AAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAA**  
Spouse's first name if joint payment M.I. Last name  
**AAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAA**  
Your social security number Spouse's social security number Daytime phone number  
**999-99-9999 999-99-9999 999-999-9999**  
Home address (number and street) If foreign address use Schedule S. Apartment number  
**99999AAAAAAAAAAAAAAA 99AAA**  
City State Zipcode  
**AAAAAAAAAAAAAAA AA 99999-9999**

Please send this form to:  
Office of Tax and Revenue  
P.O. Box 470  
Washington, DC 20044-0470